Case 15-28604 Doc 49 Filed 09/15/20 Entered 09/15/20 13:03:13 Desc Main Document Page 1 of 5

	in this information to identify the btor 1 Olla	tify your ca										
	btor 2	ocan Di	KOII			_						
	buse, if filing)					_						
Un	ited States Bankruptcy Co	ourt for the:	WESTERN DISTRICT	OF TENNESSEE		_						
	se number	4		-			Che	ck if this is	:			
(It Kı	nown)							An amende		U		
											postpetition lowing date:	
<u>O</u>	fficial Form 106	<u> </u>						MM / DD/ `	YYYY	<del>,</del>		
S	chedule I: You	ır Inco	ome									12/1
atta	use. If you are separated cha separate sheet to the table to table	his form. (										
1.	Fill in your employmer information.	nt		Debtor 1				Debtor	<b>2 or</b> r	non-fili	ing spouse	
	If you have more than o		Employment status	☐ Employed				☐ Empl	oyed			
	attach a separate page information about additionable employers.		Employment status	■ Not employed				☐ Not e	emplo	yed		
			Occupation					-				
	Include part-time, seaso self-employed work.	onai, or	Employer's name	-								
	Occupation may include or homemaker, if it appl		Employer's address									
			How long employed to	here?				_				
Pai	rt 2: Give Details A	Shout Mon	thly Income									
spoi	imate monthly income as use unless you are separa ou or your non-filing spous e space, attach a separate	ated. se have mo	re than one employer, co	, c	•		yers fo		on on	the lin	•	J
											ig spouse	
2.			ry, and commissions (becalculate what the month)		2.	\$		0.00	\$		N/A	-
3.	Estimate and list mont	thly overti	me pay.		3.	+\$		0.00	+\$	; 	N/A	-
4.	Calculate gross Incom	ne. Add lin	e 2 + line 3.		4.	\$		0.00		\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Del	otor 1	Olla Jean Dixon	_	C	Case	number ( <i>if ki</i>	nowr	ı) -	15-28	3604			
					For	Debtor 1				Debtor -filing s			
	Cop	y line 4 here	4.		\$	(	0.0	)	\$	illing 5	N/A	<u> </u>	
5.	List	all payroll deductions:											
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	(	0.0	0	\$		N/A		
	5b.	Mandatory contributions for retirement plans	5b.		\$		0.0		\$		N/A	_	
	5c.	Voluntary contributions for retirement plans	5c.		\$		0.0	_	\$	-	N/A	_	
	5d.	Required repayments of retirement fund loans	5d.		\$		0.0	)	\$		N/A	_	
	5e.	Insurance	5e.		\$	(	0.0	)	\$		N/A	_	
	5f.	Domestic support obligations	5f.		\$	(	0.0	)	\$		N/A	<u> </u>	
	5g.	Union dues	5g.		\$		0.0	_	\$		N/A	<u> </u>	
	5h.	Other deductions. Specify:	5h	.+	\$	(	0.0	) 1	+ \$		N/A	<u> </u>	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	(	0.0	)	\$		N/A	<u>\</u>	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	(	0.0	)	\$		N/A	<u> </u>	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total											
		monthly net income.	8a.		\$_		0.0		\$		N/A	_	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8b. 8c.		\$_ \$		0.00		\$ \$		N/A N/A	_	
	8d.	Unemployment compensation	8d.		<sub>\$</sub> -		0.00	_	ς <u>Ψ</u>		N/A	_	
	8e.	Social Security	8e		\$ -	1,06			\$_		N/A	_	
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income	e 8f. 8g.		\$_ \$	,	0.00	0	\$ \$		N/A N/A	<u> </u>	
	8h.	Other monthly income. Specify:	8h.		<b>\$</b> -		0.00	_	+ \$_		N/A	_	
	011.	Canon monany moonie. Speedily.		··	<u> </u>	<u>'</u>	0.00	<u>,</u> '	· —		11/7	<u>_</u>	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	<u> </u>	1,423	3.00	)	\$_		N/.	A	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		1,423.00	1.	\$		N/A	= \$	1 /12	3.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ_		1,423.00		Ψ_ 		11//		1,42	3.00
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your trifferends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe			•				Schedule 11.			0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies								12.	\$	1,42	3.00
										l	Combi month		me
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?									·	
		Yes. Explain: No changes are expected at this time.				-							

Official Form 106l Schedule I: Your Income page 2

Fill	in this information to identify your case:								
Deb	otor 1 Olla Jean Dixon		Check if this is:						
				An amended filing					
	otor 2				ving postpetition chapter				
(Spo	ouse, if filing)			13 expenses as of	the following date:				
Unit	ted States Bankruptcy Court for the: WESTERN DISTRICT OF TENN	NESSEE		MM / DD / YYYY					
1	nown) 15-28604								
0	fficial Form 106J								
S	chedule J: Your Expenses				12/1				
Be info	as complete and accurate as possible. If two married people ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question.								
1.	Is this a joint case?								
	■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate household?								
	□ No								
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expense	es for Separate Housel	nold of Deb	otor 2.					
2.	Do you have dependents? ■ No								
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?				
	Do not state the				□ No				
	dependents names.				☐ Yes				
					□ No □ Yes				
					□ No				
					☐ Yes				
					□ No				
3.	Do your expenses include ■ No.				☐ Yes				
0.	expenses of people other than yourself and your dependents?								
Par	t 2: Estimate Your Ongoing Monthly Expenses								
exp	timate your expenses as of your bankruptcy filing date unless benses as of a date after the bankruptcy is filed. If this is a sup plicable date.								
the	lude expenses paid for with non-cash government assistance value of such assistance and have included it on Schedule I:	e if you know Your Income		Vour over	2000				
(Of	ficial Form 106l.)			Your exp	enses				
4.	The rental or home ownership expenses for your residence payments and any rent for the ground or lot.	. Include first mortgage	4. :	\$	248.00				
	If not included in line 4:								
	4a. Real estate taxes		4a. \$	\$	57.50				
	4b. Property, homeowner's, or renter's insurance		4b. \$	·	0.00				
	4c. Home maintenance, repair, and upkeep expenses		4c. \$	·	0.00				
_	4d. Homeowner's association or condominium dues		4d.		0.00				
5.	Additional mortgage payments for your residence, such as h	nome equity loans	5.	<b>5</b>	0.00				

Debtor 1 Olla Jean Dix	on	Case num	ber (if known)	15-28604
6. Utilities:				
6a. Electricity, heat,	natural gas	6a.	\$	100.00
-	arbage collection	6b.		0.00
_	phone, Internet, satellite, and cable services	6c.	·	65.00
6d. Other. Specify:	priorio, intornot, outomito, una ouble corvideo	6d.	·	0.00
Food and housekeep	ning supplies	7.	·	200.00
Childcare and childre	•	8.	\$	0.00
		9.	\$	
•	•	10.		20.00
). Personal care produc			·	40.00
Medical and dental e	•	11.	\$	0.00
Do not include car pay	de gas, maintenance, bus or train fare.	12.	\$	75.00
	, recreation, newspapers, magazines, and books	13.	·	0.00
	ons and religious donations	14.		0.00
Insurance.	ons and rengious donations	17.	Ψ	0.00
	ice deducted from your pay or included in lines 4 or 20.			
15a. Life insurance	not doddoled from your pay or moldaed fir filles 4 of 20.	15a.	\$	0.00
15b. Health insurance	e	15b.	·	0.00
15c. Vehicle insurance		15c.	·	0.00
15d. Other insurance		15d.		0.00
	taxes deducted from your pay or included in lines 4 or 20.	13d.	Ψ	0.00
Specify:	taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
7. Installment or lease				
17a. Car payments for		17a.	· -	0.00
17b. Car payments for	or Vehicle 2	17b.	\$	0.00
17c. Other. Specify:		17c.	\$	0.00
17d. Other. Specify:		17d.	\$	0.00
	mony, maintenance, and support that you did not repor		•	0.00
deducted from your	pay on line 5, Schedule I, Your Income (Official Form 10	6I). 10.	·	
	make to support others who do not live with you.	40	\$	0.00
Specify:		19.		
20a. Mortgages on o	xpenses not included in lines 4 or 5 of this form or on S	scnedule I: Yo 20a.		0.00
				0.00
20b. Real estate taxe		20b.	· -	0.00
	owner's, or renter's insurance	20c.		0.00
	epair, and upkeep expenses	20d.		0.00
	ssociation or condominium dues	20e.		0.00
Other: Specify:		21.	+\$	0.00
2. Calculate your month	nly expenses			
22a. Add lines 4 through	•		\$	805.50
22b. Copy line 22 (mo	nthly expenses for Debtor 2), if any, from Official Form 106J	J-2	\$	
22c. Add line 22a and	22b. The result is your monthly expenses.		\$	805.50
3. Calculate your month			•	
	our combined monthly income) from Schedule I.	23a.	·	1,423.00
23b. Copy your mont	hly expenses from line 22c above.	23b.	-\$	805.50
23c. Subtract vour m	onthly expenses from your monthly income.			
	ur monthly net income.	23c.	\$	617.50
4 Do you expect an inc	rease or decrease in your expenses within the year afte	ar vou file this	form?	
For example, do you expe	ect to finish paying for your car loan within the year or do you expect			ease or decrease because o
modification to the terms	of your mortgage?			
■ No.				
☐ Yes. Expl	ain here:			

## **CERTIFICATE OF SERVICE**

The undersigned party, attorney for party, or agent therefore, hereby certifies that on or before the 16th day of September, 2020, copies of the above document were electronically mailed, mailed via the United States Postal Service, or hand delivered to the parties listed.

/s/ Joshua Kirk Joshua Kirk, Paralegal Hurst Law Firm, P. A. Attorney for Debtor(s) P. O. Box 41497 Memphis, TN 38174-1497 (901) 725-1000

NAMES AND ADDRESSES OF ENTITIES SERVED: Debtor(s)

Chapter 13 Trustee

All Creditors on Matrix